

SCC eFile
(6/10)

**2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

211527735

1.) CORPORATION NAME:

**GENERAL BILLY MITCHELL POST NO. 85,
AMERICANLEGION**

DUE DATE: **11/30/2011**

SCC ID NO: **01421262**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
JOHN T KIRSCH
6 N COLUMBUS ST
ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 919 NORTH KANSAS STREET

CITY/ST/ZIP: ARLINGTON, VA 22201-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN DRESWICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAPLAIN		
ADDRESS:	1511 SOUTH STAFFORD STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204-		
NAME:	JOHN KIRSCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	JUDGE ADVOCATE		
ADDRESS:	6 NORTH COLUMBUS STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		
NAME:	LOUIS LANE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	3 YEAR TRUSTEE		
ADDRESS:	825 NORTH IVY STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201-		
NAME:	GARY LEFEBVRE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	FINANCE OFFICER		
ADDRESS:	812 SOUTH GEORGE MASON DRIVE		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204-		
NAME:	GARY LEFEBVRE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	GAMING CHAIRMAN		
ADDRESS:	812 SOUTH GEORGE MASON DRIVE		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL MARAFINO 3RD VICE CMDR 2314 NORTH WASHINGTON BOULEVARD ARLINGTON, VA 22201-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ART MERAT 1ST VICE CMDR 2001 PIMMIT DRIVE FALLS CHURCH, VA 22043-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD SIMPSON COMMANDER 4411 HENDERSON ROAD ARLINGTON, VA 22203-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE REBOK SGT AT ARMS 111 SPOUFFER AVENUE HAGERSTOWN, MD 21740-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSCOE EAGLE 1 YEAR TRUSTEE 7414 MARC DRIVE FALLS CHURCH, VA 22042-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL BOTHWELL, JR HISTORIAN 606 SOUTH TAYLOR STREET ARLINGTON, VA 22204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR MERAT 2 YEAR TRUSTEE 2001 PIMMIT DRIVE FALLS CHURCH, VA 22043-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUIS LANE SERVICE OFFICER 825 NORTH IVY STREET ARLINGTON, VA 22201-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN KIRSCH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN KIRSCH, JUDGE ADVOCATE PRINTED NAME AND CORPORATE TITLE	11/16/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			